Multi-Country Mapping of CARE's GBV Projects

June 2007

GBV mapping project commissioned by CARE's GBV Working Group and conducted by Beth Vann, consultant

Foreword

Following the "Carpe Momento" conference in Uganda in 2006, gender-based violence (GBV) was identified as an issue of interest for CARE USA. Although many CARE country offices have been addressing GBV for many years, it was only recently identified as a cross-cutting issue. CARE USA"s leadership asked a small group of people to move the agenda forward after the 2006 conference in Uganda. CARE's GBV Working Group was formed and now includes over 40 people. The working group is chaired by Reema Masoud, Amelia Siamomua, and Doris Bartel.

As a multisectoral organization with diverse cultural, geographic, political and economic climates, CARE relies on the innovation and grounded views of field teams to translate the concepts of promoting equal dignity and empowerment into appropriate local responses. Its decentralized structure results in a range of responses to gender-based violence that take advantage of the opportunities, and counteract the constraints, of our diverse contexts. The diverse and decentralized nature of CARE's programs, however, means that there is no central knowledge base of the exact number of projects, nor description that accurately captures the diverse approaches to address GBV. There was, therefore, a need at CARE USA's headquarters in Atlanta, to "map" the project names, contact details, donors and key barriers to quality programming. This consultancy was designed to help CARE USA perform a "mapping" exercise of CARE's diverse projects globally.

As a first step, the working group initiated a mapping, or scan, of "promising practices" for GBV among CARE's various programs and projects. A consultant, Beth Vann, was commissioned to conduct the mapping, in collaboration with the GBV working group.

This report is a summary of the information collected and an analysis of how this information might be used. The GBV Working Group is now developing more comprehensive plans for how to strengthen support for CARE's GBV programs and to identify CARE's niche in this challenging topic area.

Contents

Abbreviations used in this report

CBO	Community-based organizations
FGM/FGC	Female genital mutilation also known as female genital cutting
GBV	Gender-based violence
IDP	Internally displaced person(s)
NGO	Non-governmental organization
SRH	Sexual and reproductive health
UNHCR	United Nations High Commissioner for Refugees
VAW	Violence against women

Summary

Gender-based violence is a highly sensitive human rights problem that involves complex issues and requires a comprehensive and integrated approach using a range of interrelated strategies and activities. To its credit, CARE is rapidly developing a base of knowledge at country levels, gleaned through wide ranging experiences in projects aimed at preventing GBV in communities and ensuring appropriate and compassionate care for survivors. This report is a summary of information about CARE's experiences in GBV programming in 15 country operations.

CARE's GBV strategies can be organized into five interrelated groups: 1) Influencing change in community norms, 2) Building supportive community structures, 3) Delivering services, 4) Empowering women and girls, and 5) Advocating for change in public policies. Most of CARE's GBV projects employ three or more of these complementary and linked strategies, and there are many different methods that can be employed.

Enabling factors for CARE's GBV projects are embedded in the organizational commitment to rights-based approaches and gender equality. GBV projects benefit from engagement and support from leadership at all levels, as well as high quality technical support and guidance. CARE's expertise in community participation and effective local partnerships are also significant platforms for support and success for achieving success in CARE's GBV projects.

There are fairly consistent challenges and barriers faced by CARE's GBV projects. Short funding cycles for these long term initiatives result in a nearly constant search for continued funding. In many cases, GBV programs have been forced to close early due to lack of funds. Although there is some evidence that integrated programming may be most effective, many GBV projects begin as stand alone efforts. It appears that, over time, as CARE management becomes more familiar with the complex and interrelated issues inherent in gender-based violence, more efforts are being made to integrate GBV interventions into other CARE sectors and programs. This can provide a more stable funding base for addressing GBV and potentially more effective strategies.

CARE's GBV projects are demonstrating results, mostly measured in outputs rather than long term impact. This is somewhat to be expected given the fairly short duration of the GBV projects. One would not expect to see impact (behavior change) until at least two years after initiating GBV interventions. There are weaknesses and inconsistencies in the results indicators used to monitor progress. It should, however, be noted that all of the projects included in this mapping exercise were able to identify results and achievements.

Several recommendations emerge from this mapping exercise: (1) It is recommended that CARE build upon the wealth of knowledge at country level and establish a centralized knowledge base and/or mechanisms that bring together wisdom and experience from the field about strategies, good practices, tools, resources, and monitoring and evaluation for this challenging topic; (2) An important foundation, which is lacking, is a philosophical framework to guide CARE's GBV work. It is recommended that CARE establish a framework that clarifies the organization's overall philosophy toward programming to address gender-based violence, emphasizing social justice and right-based approaches. A well considered framework document could provide essential guidance to country teams as they encounter situation-specific issues and develop strategies that work. (3) More systematic efforts to support a program approach (as opposed to a project approach) to GBV would be useful in providing critical bridge funding to prevent early closing of activities, as well as more integrated strategies within CARE's other program goals. (4) Finally, it is recommended that CARE consider human resource support systems to address GBV experienced by staff in CARE offices worldwide, for example, a system for referrals for confidential counseling, health, protection, and/or legal services.

1. Introduction

The GBV Working Group in CARE commissioned this mapping exercise to gather information about gender-based violence (GBV) projects and activities in CARE country offices. The working group acknowledges that gender-based violence involves a complex set of interrelated issues. A comprehensive and integrated approach requires multiple strategies at a number of different levels employing a range of methodologies tailored to the specific context. The mapping exercise sought to identify the approaches, strategies, and methodologies used in CARE programs and gain insight from the emerging group of GBV experts implementing GBV projects in CARE country offices.

GBV program information from 15 CARE country operations was gathered in April and May 2007. Regions and countries included in the mapping are:

Asia
- Bangladesh
- Cambodia
- India
- Sri Lanka

Eastern and Central Africa
- Burundi
- DR Congo
- Eritrea
- Mozambique
- Sudan
- Tanzania
- Uganda

Middle East and Eastern Europe
- Chechnya
- Jordan
- Balkans

Latin America
- Bolivia

Information gathering included telephone interviews with key informants in 12 country programs, along with review of project proposals, reports, and other documents; and desk research for an additional 3 countries. (For details, see Annex 1.) A standard interview tool was used for each interview (see Annex 6).

This report contains information about the various CARE programs and projects addressing gender-based violence and the issues that arise in the course of this work. The report includes general information about results, although analysis of quality and effectiveness is beyond the scope of this report. For some of the projects, evaluation reports are available that describe quality, effectiveness, and lessons learned. When available, copies of these evaluations were provided to CARE's GBV working group.

2. Settings

The majority of the GBV projects included in this mapping exercise take place in conflict or disaster-affected settings, with target populations of refugees, IDPs, or returnees. Some of these are long standing "emergencies" (e.g., DR Congo, Eritrea, Uganda); others are in post-conflict transition or development (e.g., Balkans, South Sudan). Whether emergency or development, CARE's GBV projects are working in a wide range of settings, including urban, village, and camps or settlements.

Patriarchal culture with widespread gender inequality and discrimination are common elements in all of the settings. Gender-based violence is an extremely sensitive topic, endemic in the culture, and requires carefully planned interventions using participatory methods at all stages.

3. CARE's Gender-based Violence Projects and Activities

All of the GBV projects reviewed employ multiple strategies aimed to prevent gender-based violence and/or provide direct services to GBV survivors. These strategies can be organized into five interrelated groups: 1) Influencing change in community norms, 2) Building supportive community structures, 3) Delivering services, 4) Empowering women and girls, and 5) Advocating for change in public policies. The following is a summary of the various methodologies employed at country level within each of these strategic groupings.

A. Influencing Change in Community Norms

All GBV projects include an "awareness raising" component. This strategy aims to first create (or increase) awareness and understanding in the community about issues of gender, gender-based violence, human rights, power dynamics, and related themes. With a focus on community dialogue combined with education and training, the overall goal is to influence change in attitudes and behavior about gender-based violence.

Methodologies include:

- Training community leaders to encourage open discussion of GBV, to encourage survivors to come forward, and to promote social reintegration for survivors
- Training workshops and drama presentations among specific target groups, such as young men, older men, young women and girls, teachers, police, ex-combatants, to prevent acts of GBV and to promote acceptance and support for survivors
- Trafficking prevention through raising awareness about risks and consequences
- Radio shows, public service messages, posters, traditional song and dance, and street drama

Focus on youth

Many GBV projects are aimed specifically at youth, to raise awareness about violence and human rights, and to promote non-violence. There is frequently a health education component to youth projects, and many of the youth projects take place in schools. Methodologies include:

- Training activities, including youth clubs, with boys and with girls on themes involving violence and cross-cutting issues such as gender, human rights, sexual and reproductive health (life skills training)
- Training and supporting peer counselors and peer educators
- Training and peer support groups with girls aimed at preventing dating violence, to increase girls' awareness of their rights, to be able to identify potential risks, and to take action to reduce those risks

Focus on men

Men, especially leaders, have traditionally been included as a target group for GBV awareness raising. Until quite recently, however, most of these activities were framed as GBV prevention, with an emphasis on women's and girls' rights and how to protect them. In the past 2-3 years, several CARE programs have begun incorporating "masculinities" work as a new methodology (i.e., exploring gender from the standpoint of men, focusing on men's experiences and men's understanding of masculinity and violence). CARE's awareness-raising and behavior change interventions with men include:

- Training, awareness-raising, and discussion groups about gender, masculinity, violence, and GBV with men
- Engaging men in sexual and reproductive health programs to build men's awareness of their bodies

- Participatory assessments, involving men, to analyze the situation vis-à-vis domestic violence or other forms of GBV
- Building capacity of national partner NGOs in how to engage men and boys in discussions and analysis of gender, GBV, human rights, masculinity, health, and other topics
- Training and peer support with groups of men to explore their own understanding and experience of masculinity

B. Building Supportive Community Structures

In most of the settings included in this report, public institutions such as social services, medical care, law enforcement, and legal justice are inadequate or non-existent. The strategy of building supportive community structures involves developing alternative structures that can adequately and appropriately respond to GBV cases.

Before embarking on these activities, all of the GBV projects first conduct awareness raising activities to influence re-thinking of norms and practices (see above). Without that first step and careful ongoing attention, community structures will reflect the traditional community norms and are therefore likely to be gender biased and not supportive to survivors.

Activities include:

- Building local networks of women and/or NGOs who can support survivors and assist them in accessing needed services. This includes training and supporting the networks
- Building capacity of traditional leaders, camp leaders, and/or local authorities to appropriately manage GBV cases
- Facilitating establishment of GBV (or VAW) forums or community-action groups; training and supporting these groups to respond to individual GBV cases and/or to raise awareness in the community
- Organizing and facilitating inter-organizational, multidisciplinary coordination groups to work with the community to develop community structures
- Building capacity of local coalitions and groups to identify risks of trafficking and develop prevention strategies
- Strengthening civil society to advocate for improved government services and better policy environment.

C. Delivering Services

All of the CARE's GBV programs include providing services for survivors of GBV, directly or indirectly. In most country operations, these services are provided by local partners (NGO or government), with CARE supporting, training, building capacity, and sometimes funding these local actors. In a few programs, mostly refugee or IDP operations funded by a UN agency, CARE staff provide at least some of these services directly.

Services for survivors can include health care; psychosocial support; legal aid; police protection, investigation, perpetrator arrest; and legal justice (national/formal or traditional).

Specific activities include:

- Integrating GBV clinical management into reproductive health programs; either providing health services directly or training and supporting RH partner organizations
- Building capacity of rural/remote health posts or health centers; may include renovating/building and equipping centers and training staff in appropriate, compassionate, confidential, and comprehensive clinical management
- Intake and assessment, with referrals for medical, legal, counseling, and other services
- Training community-based peer counselors to provide psychosocial support to survivors

- Providing counseling for survivors, sometimes also including referrals, case management, and advocacy on behalf of the survivor
- Providing emergency financial or material support for survivors
- Establishing women's centers where survivors can receive multiple services, including counseling, psychosocial support, and referrals
- Training law enforcement officers and local security groups (i.e., in refugee or IDP camps)
- Establishing village savings and loan and other income generation projects targeting survivors (and other vulnerable/poor women) to promote social reintegration and economic empowerment, and to reduce risks of continued abuse and violence.

D. Empowering Women and Girls

As gender inequities make women and girls particularly vulnerable to GBV, many CARE interventions focus on empowerment activities for women and girls. In many cases, these are directly linked to inequitable community norms, discussed above. Activities include:

- Peer discussion groups among women and girls about women's perceptions of GBV, women's decision-making and participation in community life, and other gender and human rights issues
- Training and capacity building with local partners and institutions to promote women's human rights and women's leadership (the latter is most frequently employed in post-conflict settings)
- Economic empowerment through village savings and loan programs, income generation activities, skills training, and education
- Fostering women's networks
- Leadership training for women
- Establishing and/or supporting women's centers that offer an array of education and empowerment activities

E. Advocating for Change in Public Policies

Advocacy is an essential strategy for most GBV projects, whether focused on public policies or public understanding and attitudes. Public policies at the local and national levels have been known to impact directly on how GBV is understood by communities and how survivors are treated by communities and institutions. Public policies reflect community norms, attitudes, and beliefs – and can support or impede action aimed at reducing or eliminating gender-based violence. Therefore, all respondents to this survey mentioned the importance of engaging in advocacy. CARE's GBV-related advocacy activities are often undertaken with a coalition of organizations. Typically, advocacy is linked with other strategies, such as awareness raising and/or establishing supportive community structures. Some respondents noted that advocacy was a well considered and planned activity within their projects, but for others, advocacy needs became apparent after activities began, forcing a modification of original activity plans.

CARE has one unique regional advocacy project in the Great Lakes region of East and Central Africa that includes CARE Burundi, DRC, Rwanda and Uganda. This project supports empowerment and capacity of women's associations at the grass-roots, national and regional levels to advocate around GBV-specific issues.

CARE's project-related GBV advocacy includes a wide range of activities and employs a variety of tactics. Some examples are:

- Training, building capacity, and supporting local partners to effectively advocate for changes in laws and policies related to gender discrimination and gender-based violence (e.g., property and inheritance laws and practices as well as criminal statutes and policies).
- Fostering, supporting, and building capacity of women's groups to advocate for their rights at local and national levels.

- Advocacy with "informal" policymaking bodies, such as traditional justice systems and refugee camp committees. These advocacy efforts are aimed at changing how GBV cases are handled (e.g., supporting rather than punishing survivors).
- Health policy advocacy with the Ministry of Health. In this example, CARE's health programs encountered GBV cases and discovered that various policies and practices were not supportive to survivors.
- Advocacy with the government school administration on issues of gender discrimination and/or safety in the schools, and inclusion life skills curriculum for girls and boys.
- Advocacy with the Ministry of Women's Affairs and other ministries to promote increased attention to specific areas of laws or policies related to gender, GBV, human rights, and/or direct services for survivors.
- Advocacy with the Ministry of Labor to enforce laws and policies aimed to protect certain types of workers. (E.g., in Cambodia, protections for beer promoters -a job for women- under existing laws were not enforced and these women were consistently sexually harassed and abused.)

4. Results

In keeping with CARE's high standards for monitoring and evaluation, all of the GBV projects were able to identify both specific and general results. (It is worth noting that this is not the case for all GBV projects implemented by other international NGOs or UN agencies.)

Outputs, relatively easy to measure, are consistently delivered and measured. In the 12-24 month "startup" period for GBV projects, outputs are the only realistic results to be expected. Activities and outputs in this first phase lay the foundation for longer term results and impact. In the startup period, for example, training and general awareness raising activities take place; action groups, forums, networks, and other structures and groups are formed, fostered, and begin to perform their tasks and functions.

Most of CARE's GBV projects measure outputs almost exclusively. A sampling of indicators used in the various projects is included in Appendix 4.

Long term impact, such as changes in behavior and a reduction in the use of violence and the abuse of power, is much more difficult to obtain and measure. Some projects were able to identify some implications of changes in attitudes toward GBV; for example, active engagement and continued participation of key stakeholders in GBV interventions, and more open dialogues in the community about this topic that was formerly considered taboo.

Nevertheless, indicators vary greatly project to project and country to country. The indicators in Annex 4 demonstrate the wide ranging indicators as well as the focus on outputs rather than impact.

Many, but not all, of the projects have conducted evaluations; reports are available that describe quality, impact, and lessons learned (when available, these reports were provided to CARE's GBV working group).

Although impact measurement is relatively weak, one important result of CARE's GBV work is that there is a wealth of information in individual country programs about good practices, promising interventions, emerging challenges and strategies for addressing them. There are also program development tools, training guides, and other such resources. These are detailed in the next three sections of the report.

5. Program Development and Funding

GBV projects have learned that it takes at least 12 months, if not 24 months, to find the "right" approach to this challenging and complex issue, to establish trust in communities, build awareness about the issue and engage the key stakeholders in problem-solving and action. It is often the case that a project's

funding ends just as the project is gaining momentum. Many projects occur in phases, with phase one (12-24 months) focused on relationship building and participatory assessment, and subsequent phases building on these to develop appropriate and contextually-specific action plans with partners.

Unfortunately, many projects are funded for relatively short periods of 12-18 months, causing some projects to close down early and to lose the trust and momentum of the fist phase, when expectations for change in communities is starting to rise.

Finding follow-on or new funds was mentioned as an extremely challenging issue for all projects. GBV projects seem to be donor driven, in that donors indicate an interest in funding a certain type of GBV initiative. After the startup phase, when CARE is able to develop a strong proposal based on a solid understanding of the community, most projects discover they cannot find a donor to fund the activities that are most appropriate and most needed. Some GBV projects have shut down after a year or two of successful development due to lack of funds. When this happens, country offices try to integrate at least some of the activities into other projects, but this is not always possible.

Some countries have been successful in finding multi-year funding. Funding for CARE's GBV projects comes from an array of sources (multilateral, government, and sometimes from CARE unrestricted funds). Annex 2 includes a list of donors for the GBV projects included in this report.

6. Barriers

Discussions with key informants in CARE country programs and review of GBV project documents revealed a set of commonly experienced barriers to implementing comprehensive and successful GBV interventions.

Cultural norms and sensitivity of the topic

The reason GBV projects exist – and the primary barrier to their success – is the long standing cultural norms around gender, human rights, discrimination, power dynamics and the use of violence. These norms are reflected in the knowledge, attitudes, and behavior of individuals in the community as well as the local and national laws, policies, and practices in responding to incidents of GBV. For every act of GBV, there is at least one victim, a perpetrator(s), and any number of people who could take action to help the survivor or respond to the perpetrator. Cultural norms directly influence the preferences, options, and actions of each of these three entities.

In all settings, GBV is an extremely sensitive topic generally not discussed openly; in many communities, discussing GBV is taboo. Approaching this topic requires a careful approach that is based on a solid understanding of the community. Indeed, it can be dangerous to broach the topic of GBV. Finding the "right" approach takes time and expertise.

In conflict, post-conflict, and transitional settings, there is often a "culture" of violence and abuse – with impunity - that has developed over a long period of time. In these settings, it is even more difficult to engage government, policymakers, and other leaders in serious consideration of GBV issues.

Organizational placement and integration of GBV projects

Gender-based violence is a pervasive and complex problem and GBV interventions require a comprehensive rights-based approach. Organizational placement of GBV projects can, therefore, either enable implementation of comprehensive strategies or can impede such efforts and limit results. Wide variances were found in where GBV projects are placed in CARE country operations and whether and to what extent GBV interventions are integrated into the various programs and sectors in a country office.

For example, it may seem logical to place a GBV project in refugee camps in the emergency sector of a country's operations. This might make sense in terms of funding streams, administration, human resources management, and logistics. Such placement, however, can result in unintentional limiting of the project's access to the full range of CARE country expertise in needed interventions and strategies, especially national advocacy. Emergency programs are often located in remote areas with limited or inconsistent telephone and email communications. Staff working in these operations typically move outside of those areas only infrequently.

GBV projects tend to have relatively small budgets (i.e., most costs are in personnel) in comparison to shelter, food, and livelihoods. Administrative and logistical support might be provided proportionately, and for some, this means that GBV projects are the last in line for support such as vehicles.

In one region, there were more than six projects (some regional, some country level) targeting various forms of GBV, including trafficking. Varying organizational and administrative oversight for each project limited CARE's ability to develop a vision and strategic approach for addressing GBV in the region. This issue was identified by CARE regional and country management; efforts are under way to re-organize all of the GBV work into one "sector", with close links to related programs and sectors.

Often, GBV projects begin as stand-alone initiatives. They may be linked to other programs through shared management structures, but GBV issues and interventions are not integrated into other programs. Later, after CARE gains some experience implementing multiple activities and facing an array of barriers to address this challenging and complex issue, many country operations integrate GBV projects – or at least some of the GBV interventions - into other programs. Shelter, food, and livelihoods projects are especially important areas where GBV interventions can, and should, be integrated. When the work is more integrated, this has enabled more comprehensive programming, with built in support and capacity building within CARE for GBV project staff. One ACD described it this way: "At first, the GBV project was a stand-alone. We learned about how serious and widespread the problem is, and now are moving to integrate activities to address GBV into all of our programs."

Some country operations have been able to establish strong links among and between sectors and programs, regardless of where they may be placed in the organization's structure. This enables cross-cutting technical and other supports that can strengthen GBV interventions.

There are also important underlying philosophical issues in the integration-vs.-stand alone question. These philosophical framework considerations are discussed in section 7, below.

Continuity and funding

Nearly all projects experience major difficulties finding funds to continue GBV interventions beyond the first phase of relationship building and engagement with communities. As described above, time is needed to build community trust and approach this sensitive topic appropriately and effectively. It is often the case that donors are interested in funding projects to address GBV in a specific setting for an initial period of time (usually 1-2 years), but are unable or uninterested in a long term (i.e., more than four years) funding commitment.

Many GBV projects in CARE country operations showed promising results at the end of a first phase, but were unable to find funding for continuation. Program managers and ACDs described "shopping" proposals around to multiple donors with no success. Each country operation re-invents the wheel, so to speak, by searching for potential donors, writing and re-writing proposals targeting individual donor interests.

7. Enabling Factors, Strengths, and Opportunities

One of CARE's greatest strengths, and an enabling factor identified by many GBV projects, is the organization's commitment to rights-based approaches and gender equality. This commitment fosters an environment that is conducive to these types of programs (i.e., multidimensional, complex, and challenging the status quo). GBV projects benefit from engagement and support from leadership at all levels as well as high quality technical support and guidance.

Another important strength is CARE's expertise in and consistent practices of community participation, careful analysis of the local situation and participatory program development based on knowledge, understanding, and sensitivity to communities and cultures.

Additionally, CARE has a long history and strong expertise in establishing effective partnerships and fostering local – and sustainable – initiatives. All of the GBV projects relied upon and were enhanced by the dedication and sustained interest of their local, national, and international partners.

These and other CARE strengths provide an opportunity for CARE to establish itself as a leader in the growing (and popular) field of gender-based violence initiatives and interventions. In recent years, a plethora of groups have formed to research the problem and develop standards and good practices for comprehensive, sustainable, and effective strategies to address the complex issues in gender-based violence. CARE's continuously growing expertise in well considered approaches is needed to help inform practices in field settings worldwide.

8. Key Issues and Recommendations

Framework in CARE

There is clearly interest and commitment within CARE to continue its GBV work and to "do more" to address this problem. A framework that describes CARE's general philosophy toward and commitment to comprehensive and integrated programmatic responses to GBV would help to more clearly guide CARE's country level decision-making and work in this area.

The decentralized structure of CARE's operations is conducive to developing a range of creative programmatic responses to gender-based violence that take into account local opportunities, constraints, and contexts. Nevertheless, GBV involves an extremely complex set of interrelated issues. A comprehensive and nuanced program approach to the issues involves integrated interventions at many levels that employ a range of strategies and methodologies and deal with difficult dilemmas. This is not always well understood by country operations when they initiate new stand-alone GBV projects targeting a specific population or specific context within the country, or without engaging with local partners, and /or without experienced staff.

When implementing GBV projects, a wide array of ethical, safety, and programmatic issues emerge. For example, one project initially sought to provide safe shelter to survivors in cases of domestic violence. In the early phases of implementation, CARE staff found that it was almost impossible to do so safely and discreetly in the setting. After difficult and contentious community discussions, the safe shelter component was dropped from the project. Another GBV project was initiated with very specific (and limited) funds to increase access to proper medical care for rape survivors. This was an immediate, life threatening, and widespread need. That project planned a relatively simple and cost-efficient intervention: to train health care staff and equip/refurbish health centers. However, project management quickly learned that "accessing" proper health care was impeded by many issues beyond health staff expertise and capacity, and beyond the budget or scope of the project implementation plans. Fears of social stigma if seen at the health centers and community mistrust of the health centers were two of the

many issues that emerged. To address the interrelated issues, the CARE country team began integrating GBV issues and interventions into all CARE projects and sectors, including public advocacy.

Although GBV is a public health concern, it is also a serious human rights issue that requires a social justice approach to social change. A rights-based approach to social change requires a carefully considered foundation that can guide everyone in the organization from drivers and data entry clerks to high level management. A guiding framework would clarify what CARE hopes to achieve in its programming and interventions for GBV. In turn, this will guide the strategies and methods for getting there.

Sharing experiences and lessons

Given the complexity of gender-based violence, especially the sensitive nature of this issue, there are a wide range of strategies, interventions, and methodologies that can be employed. Although there is much diversity among the settings and cultures where CARE operates, there are similar types of activities taking place vis-à-vis gender-based violence. For example, assessment, training, formation of local action groups, and service delivery are almost universal activities among CARE's GBV projects. Yet project managers often develop their own materials and tools – including indicators - because they cannot access these resources for GBV programming.

It would save time and contribute to the growing base of knowledge if CARE would create an intranet site or other accessible method and compile and organize the diverse methods, tools, and strategies used in CARE programs. Capturing CARE's rich experience in this way and making it available to others in the organization would be a valuable support service. Project managers and ACDs indicated the need for tools and resources that can be adapted for the local context.

Information is also needed about interventions that work. Another benefit of an organized knowledge base would be building and refining a set of indicators that capture outputs as well as impact. This would allow more consistent measurement of results which will lead to an understanding of what kinds of interventions work.

Tools and materials suggested for inclusion in a GBV knowledge base include:

- Rapid needs assessments
- Community-based assessments
- Participatory mapping exercises
- Training manuals for service providers, community action groups, and others
- Organizational assessment tools and capacity building strategies
- M&E tips, including sample indicators
- Good practice documentation
- Program evaluations and lessons learned
- Indicators

Continuity of funding

As described above, the constant search for continued funding for GBV programs is a considerable burden on country programs, and is often unsuccessful. To support continuity and long term sustainability of CARE's GBV work, a centralized resource is recommended to provide information about potential donors. This centralized resource could also include advocacy with existing and potential donors to foster interest and commitment in funding these types of programs. As the "field" of GBV is growing and developing rapidly, there is a related need to provide information and education to donors

about GBV issues, programs, interventions, and activities so that they can most effectively support comprehensive, effective, and sustainable action.

GBV among staff/families

Most CARE country operations have policies in place that prohibit sexual exploitation and abuse by CARE staff of project beneficiaries. A more hidden problem is gender-based violence experienced by CARE staff or among their families or friends. No policies or practices were identified that address this issue, although interviewees acknowledge the problem exists and is an extremely challenging one.

The existence of GBV projects in CARE operations implies an organizational commitment to address this problem. Given the endemic nature of GBV in most settings where CARE works, it should be assumed that there are CARE staff that are victims of GBV, are perpetrators, or are family members affected by GBV. Interviewees speculated that domestic violence is the most likely form of GBV to be experienced by a large number of CARE staff.

One example highlights the seriousness of this issue and brings forth a number of considerations and dilemmas.

> The sister of a national CARE staff member was murdered. Soon thereafter, it was revealed that she was killed by family members shortly before she was to be married (at a very young age, to an older man). A virginity check revealed that she was not a virgin, and she was killed in order to restore the family's honor. It was later revealed that this girl was raped by a male family member when she was a very young child. She never spoke about the incident, but another family member saw it happen (and remained silent until after the murder).

GBV counselors in CARE's partner organization provided counseling for the staff member and several family members. It is not known if the perpetrators were arrested and charged with a crime. A significant outcome of this situation was that CARE staff and leaders began to question what should CARE's role be among its own staff in terms of prevention and response to GBV. There are no answers yet, but this experience was an awakening and brought forth this continuing dilemma for the country team.

Several other interviewees indicated they have had cases of staff victims of GBV. Each case is handled individually in the best way possible and as discreetly as possible – with assistance in finding needed services and follow up. Interviewees describe these situations as very sad, often frustrating, time consuming, and difficult to manage in the absence of established policies or frameworks.

It is therefore recommended that the CARE GBV framework and knowledge base described above include some acknowledgement and identification of these issues and dilemmas, along with some guidance or information about how others have managed them.

Research initiative or demonstration program

One way to initiate action on these recommendations and the issues and questions emerging from this mapping project is to develop an "ideal" GBV proposal. The proposal would clarify the philosophical foundation, incorporating the full range of GBV strategies over a long term, integrated into all programs, using good practices already identified in GBV project evaluations, with carefully developed results indicators. The proposal could then be presented to a progressive and trusted donor as a major research initiative.

This would yield valuable information about effective GBV programming as well as information for donors about how to effectively fund GBV programs.

Annex 1. Information Sources

Region/Country	Information Source
Asia	
Bangladesh	Telephone interview with project manager; desk review of project documents
Cambodia	Telephone interview with project manager
India	Telephone interview with gender advisor
Sri Lanka	Telephone interview with project manager
Eastern and Central Africa	
Burundi (desk research)	Desk review of project documents
DR Congo	Telephone interview with ACD
Eritrea	Desk review of project documents
Mozambique	Telephone interview with ACD; desk review of project documents
Sudan	Telephone interview with ACD
Tanzania	Correspondence with ACD; desk review of project documents
Uganda	Telephone interview with project manager
Middle East and Eastern Europe	
Chechnya	Telephone interview with country director; desk review of project documents
Jordan	Telephone interview with project manager
Balkans	Telephone interview with project manager
Latin America	
Bolivia	Desk review of project documents

Annex 2. CARE GBV Projects at a Glance

Strategies indicated match the five types of strategies described on page 17.

REGION COUNTRY	TYPE OF SETTING	PROJECT NAME	START & END DATES	STRATEGIES					LOCAL PARTNERS	DONOR	NEED FUNDS?
				Community norms	Delivering services	Community structures	Empowerment	Advocacy			
Asia											
Bangladesh	Stable	Partnership for Health Life – Violence Against Women Initiative	2002-2006	■	■	■		■	Legal aid and human rights org's; local, sub-district, district government	Gates Foundation, CARE USA & UK	Yes
		Protiroda (Prevention)	To start 2007							EC	
Cambodia	Stable	Promote Rights in Social & Sexual Health	2006-2008	■	■	■	■		Local NGOs for youth centers	EU	Yes
		Strengthening Capacity for Community Health (one component is violence in work place)		■		■	■	■	Beer companies	USAID	
India	Stable	Inner Spaces Outer Faces Initiative	2007-2009	■			■		Local NGOs, CBOs	Ford Foundation	
		Trying to integrate gender/GBV into all programs	n-a	■	■	■	■	■	Local NGOs, CBOs, government	n-a	
Sri Lanka	Conflict, tsunami -IDPs	Gender Power Relations	2004 (annual)	■	■	■	■	■	Local NGOs: women's organizations, agriculture		Yes
Eastern and Central Africa											
Burundi (desk research)	Post conflict	Projet Gezaho ("stop!")	2006-2007	■	■	■			Network of local NGOs specializing in VAW	US BPRM + sources	Yes
DR Congo	Conflict	GBV program	2004-2006 (sought funds; not successful)	■	■	■			Health center staff	USAID	Yes
Eritrea (desk research)	Post conflict (returnees)	Integrated women's health and empowerment program to eradicate poverty (IWEP)	Current status unknown	■	■		■		Local youth NGO	European Commission	

REGION COUNTRY	TYPE OF SETTING	PROJECT NAME	START & END DATES	STRATEGIES					LOCAL PARTNERS	DONOR	NEED FUNDS?
				Community norms	Delivering services	Community structures	Empowerment	Advocacy			
Mozambique	Post conflict (and prone to disasters)	No specific GBV projects; currently studying GBV in context of RH, HIV, and income generation projects									
Sudan	Conflict, IDPs	Prevention of Gender Based Violence (GBV) and promotion of peace building project in Southern Darfur State	2006-2007 Phase One						NGOs, CBOs women's groups, youth, income generation	AusAID/CARE Australia	Yes
	Conflict Post conflict; IDPs, Returnees	WORLP (human rights and women's leadership)	2007 Phase Two (1 year)						Women's groups	Norwegian Ministry of Foreign Affairs	Yes
Tanzania	Stable	No specific GBV projects; intend to employ GBV strategies within SRH projects	N-A								
Uganda	IDPs	Community Action Against GBV (integrated into RH)	2005-2007						CBO clinical officers in government health system	MacArthur Foundation;	Yes
Middle East and Eastern Europe											
Chechnya	Conflict/ Post conflict	GBV Prevention & Response in Republic of Chechnya	2006-2007						None	US BPRM	No.
Jordan	Refugees	Community Development Project for Urban Refugees	2003 – present (annual)						Local NGOs: psychosocial, legal aid, medical care	UNHCR	yes
Balkans	Post conflict	GBV Initiative	2006 – 2009						Local NGOs	FOKUS Norway	
	Post conflict	Young Men's Project	2006-2007 Annual; expect through 2009						Grass roots youth health organizations	Norwegian Min. of Foreign Affairs	
	Post conflict	Trafficking projects (5)	No info						No info	No info	
Latin America											
Bolivia (desk research)	Stable	For a Life Without Violence We, the Adolescents, Exercise Our Rights	2006-2007						Government health and education	Panaphil Foundation	No info

Annex 3. GBV Project Synopses

This annex includes 10 project synopses with brief details about CARE's GBV projects. Of the countries included in this report, Tanzania, Mozambique, Burundi, Eritrea, and Bolivia are not included in the synopses in this annex. Tanzania and Mozambique do not have specific GBV projects or programs. Information about Burundi, Eritrea, and Bolivia was gleaned through desk review of proposals and reports; there was not enough information to complete a detailed summary.

Country: Bangladesh

Overall program focus: Strengthening community-based prevention and response to GBV by developing and supporting local forums through a systematic and carefully planned process

Project Name: Partnership for Healthy Life – Violence Against Women Initiative	**Project Number** 053
Start date of project: late 2002	**Expected end date:** Feb 2006
Primary locations of work: Northwestern Bangladesh (an area with a history of social movements)	**Primary target population:** Villages

Donor and any relevant information about funding: Gates Foundation, CARE USA, CARE U.K.

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Creating awareness in community through cultural groups, drama, folk songs, meetings, village groups

- **Building supportive community services**

Systematic process for formation of village level VAW forum, then inter-village groups (e.g., religious leaders, teachers, government authorities, adolescents, etc.) and training these village and inter-village groups in arbitration

Build capacity of local arbitrators

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Collaboration with legal aid and human rights NGO partner

- **Empowerment**
- **Advocacy**
- **Other:**

Began with participatory community diagnosis followed by workshop or village meeting to present results and engage actors in forming VAW forums.

Results of work performed:

- Formation of local and inter-village forums – these groups continue to meet and work to resolve individual GBV cases (over a year after the project end)
- When funds ended, this project evolved into an integrated approach to GBV, with interventions in income generation, education, and to increase solidarity among women.
- In the next 5 years, CARE is committed to advocacy work to change Bangladesh's domestic violence laws

Contacts: Muhsin Siddiquey, Team Leader for Adolescent & Women's Reproductive and Sexual Health Initiative (AWRSHI) muhsin@carebangladesh.org

Country: Cambodia	
Overall program focus: Preventing GBV through outreach to youth and community awareness raising; services for GBV survivors through partner organizations	
Project Name: Promote Rights in Social and Sexual Health	**Project Number** KHM 148
Start date of project: Jan 2006	**Expected end date:** Dec 2008
Primary locations of work:	**Primary target population:**
Donor and any relevant information about funding: EU	

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Community awareness raising to promote acceptance of survivors, decrease social stigma

- **Building supportive community services**

Youth centers for life skills training, health promotion, awareness raising

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Through local partner, social support centers for GBV survivors – shelter, counseling, health care, legal support, vocational training, social support for return to communities

Police training provided by partner NGO

- **Empowerment**

Life skills training for youth

- **Advocacy**

By partner NGO, primarily with police; linked with training, to advocate for improved police response to GBV cases

- **Other:**

Results of work performed:

- Strong partnerships with local NGOs and government
- Men, youth are involved in awareness raising and discussions about the issues
- Increased self-reporting of GBV cases to the social support centers

Contacts: Socheat Chi, Partnership Coordinator socheat.chi@care-cambodia.org

In Cambodia, there is a separate but related program funded by USAID to work with beer companies (private sector) to address the serious problem of sexual harassment of beer promoters. Beer promoters are women and they are consistently sexually harassed and sometimes sexually abused during the course of their work. The program includes advocacy with several government ministries related to labor laws, creating zero tolerance policies for abuse in the work place, ethical trade practices, and other issues. CARE has succeeded in gaining commitments from Heineken International and other beer companies to establish responsible employment practices; various strategies and training programs are underway targeting staff in those companies.

Country: India	
Overall program focus: Gender, sexuality, and health/action research focused	
Project Name: Inner Spaces Outer Faces Initiative (ISOFI)	**Project Number** IND 164/IN333
Start date of project: Jan 2007	**Expected end date:** Jan 2009
Primary locations of work:	**Primary target population:**
Donor and any relevant information about funding: Ford Foundation	
Brief description of work performed: (approaches, intervention strategies) • **Influencing change in community norms** Women's discussion groups; looking at issues of sexuality (permission to be sexual beings), how women perceive VAW, and other relevant issues • **Building supportive community services** • **Service delivery (health care, psychosocial, legal aid, security/police)** • **Empowerment** Discussions, training, peer support for women's decision-making • **Advocacy** • **Other:**	
Results of work performed: • [Information not obtained]	
Contacts: Madhumjita Sarkar, Gender Equality and Diversity msarkar@careindia.org	

Country: Sri Lanka	
Overall program focus: Community-based prevention and response to GBV; emphasis on working through local women's organizations and strengthening their capacity	
Project Name: Gender Power Relations (GPR)	**Project Number**
Start date of project: 2003	**Expected end date:** unknown
Primary locations of work: Batticaloa, Polannaruwa, Trincomalee districts	**Primary target population:** Communities in the 3 districts
Donor and any relevant information about funding: CARE USA (for Trinco project) [incomplete donor information] Annual re-application for funding renewal	

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Community based action groups for awareness raising and prevention

- **Building supportive community services**

Chairs task force with government, service providers, LNGOs, police, hospital, judiciary, mental health, and others – to strengthen coordinated action to address GBV

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Building capacity of service providers

Linking community work with district and national levels through forums

- **Empowerment**
- **Advocacy**

Technical support for local NGOs doing advocacy related to GBV with government and others

Advocacy on issues of gender and IDP protection with local authorities and UN agencies

- **Other:**

Pilot in Batticaloa to identify "best" practices

In Trincomalee, also working with military structure to raise awareness about GBV

Was stand alone program; in 2006 began integrating into shelter, livelihoods, and other programs

Results of work performed:

- Community action groups are actively engaged in prevention, initiating new activities to prevent GBV and raise awareness

Contacts: Vasuki Jeyasankar (formerly Project Director)

Country: DR Congo

Overall program focus: Building capacity of local health centers to provide medical care for survivors of sexual violence

Project Name: GBV Program	**Project Number**
Start date of project: 2004	**Expected end date:** 2006
Primary locations of work: Eastern province	**Primary target population:** war-affected women and girls

Donor and any relevant information about funding: USAID. Project ended due to lack of continued funds despite extensive search for funding.

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Awareness raising/sensitization in communities to encourage support for survivors and to inform survivors/potential survivors about available services

- **Building supportive community services**
- **Service delivery (health care, psychosocial, legal aid, security/police)**

Training health center staff in medical care of survivors of rape; medicines to support care for survivors

- **Empowerment**
- **Advocacy**
- **Other:**

Results of work performed:

- Valuable service for the community; women/girls received needed care
- Discovered large unmet need; high prevalence of sexual violence. Although project ended, we continue to encourage communities to refer women to health centers, try to support local organizations in awareness raising activities. Trying to integrate services for sexual violence survivors into other programs; e.g., livelihoods program now reaches out to victims of sexual violence.
- After the project ended and no funds were forthcoming, we initiated a community based study of GBV, emphasis on sexual violence – to look at causes, needs, after-effects for individuals, families, communities. This will prepare us for any initiative.

Contacts: Yawo Douvon, ACD-P ydouvon@carerdc.org

Country: Sudan

Overall program focus: Community-based prevention through empowerment and awareness raising; psychosocial support for survivors

Project Name: Prevention of GBV and promotion of peace building	**Project Number** SDN 095
Start date of project: July 2006	**Expected end date:** July 2007
Primary locations of work: Darfur - Kalma Camp and Kass (IDPs)	**Primary target population:** IDPs

Donor and any relevant information about funding: AusAID through CARE Australia

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Awareness raising in communities, targeting youth, men, women

Youth groups for community theater

- **Building supportive community services**

Male and female advisory groups set up to design community support services; CARE will foster and support these groups

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Training partners and youth in psychosocial support for survivors

- **Empowerment**

Income generation projects targeting youth and women

- **Advocacy**

Hearings/focus group discussions to promote the role of women and IDPs n the peace process (the community monitoring initiative) and to monitor the implementation of the singed Darfur Peace Agreement (DPA)
Outcomes of the hearing communicated to the preparatory committee of the Darfur-Darfur Dialogue Consultation (DDDC) of the AU groups. (CARE Programme Advocacy Advisor and the project manager has frequent meeting with the DDDC preparatory committee to ensure that the DDDC process will be an inclusive and consider the voices of the IDPs, the outcome of the hearing sessions.)

- **Other:**

Results of work performed:

- In this dangerous and challenging setting, CARE has managed to meet no resistance from the government – and even gained some cooperation - although this project openly focuses on an issue the government infamously and rigorously denies (many other NGOs have been harassed by government for doing work on GBV)
- Youth groups established; sub-grants disbursed to partner NGOs, youth groups, and women's groups
- Community dialogue taking place and careful advocacy undertaken with relevant entities (see above)

Contacts: Rabab Baldo, Gender Equity and Diversity Advisor rabab@sdn.care.org

Country: Sudan	
Overall program focus: women's empowerment	
Project Name: Women's Rights and Leadership Promotion (WORLP) in West Bahar el Ghazal, Sudan	**Project Number** SDN
Start date of project: Dec 2006 (phase 2) First phase 1 year 2005-2006	**Expected end date:** Dec 2007
Primary locations of work: Wau town and 6 surrounding IDP camps in West Bahar el Ghazal, Sudan	**Primary target population:** IDP and Returnee Women, vulnerable women, female heads of household
Donor and any relevant information about funding: Norwegian Ministry of Foreign Affairs (one year funding)	

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Capacity building with 5 local NGOs/CBOs in organizational management, project planning, peace building and advocacy

- **Building supportive community services**
- **Service delivery (health care, psychosocial, legal aid, security/police)**
- **Empowerment**

Network of women's groups; capacity building and training

Income generation to individual women

- **Advocacy**

Building capacity of women's network and local NGOs/CBOs to advocate for increased women's participation in leadership

- **Other:**

Results of work performed:
Changes in knowledge, attitude and practice of the various collaborating organizations and institutions have been observed at all levels. It is expected that these will be confirmed and strengthened during the implementation of phase two.

Contacts: Rabab Baldo, Gender Equity and Diversity Advisor rabab@sdn.care.org

Country: Uganda	
Overall program focus: Prevention and response to GBV in IDP camps, integrated into RH programming	
Project Name: Community Action Against GBV in IDP Camps in Northern Uganda	**Project Number** UGA 089
Start date of project: Feb 2005	**Expected end date:** Dec 2007
Primary locations of work: IDP camps in Northern Uganda in Gulu, Mulu, and Pader districts	**Primary target population:** IDPs in target camps
Donor and any relevant information about funding: Funds from MacArthur Foundation which complement other RH funds	

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Awareness raising through dance, drama, song; community dialogues/meetings; door-to-door private discussions; IEC materials

Targeting men to increase involvement in RH and GBV; working with couples on RH issues

- **Building supportive community services**

Leadership training for community leaders to increase sensitivity to GBV issues and honor human rights for all

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Training for health workers in emotional support and medical management

Support to government health departments (RH medicines)

- **Empowerment**

Leadership training for women leaders

- **Advocacy**

Not able to do much advocacy; this is a weak point in our work

- **Other:**

Engaged in inter-agency coordination of prevention and response interventions

Results of work performed:

- Increased number of GBV survivors self-reporting and seeking medical care
- Involvement of men in community GBV activities

Contacts: Rose Amulen, GBV Project Manager amulen@careuganda.org

Country: Chechnya

Overall program focus: Preventing GBV through empowerment of women and education of men; strengthening health and social services for GBV survivors

Project Name: GBV Prevention and Response	**Project Number** 014-24
Start date of project: Aug 2006	**Expected end date:** July 2007
Primary locations of work: Grozny	**Primary target population:**

Donor and any relevant information about funding: USBPRM; not seeking continued funding because CARE Canada will be closing entire Chechnya program end of 2007

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Outreach and education to men about issues of rights, gender, and GBV; included group of men in prison

- **Building supportive community services**

Women's centers, with kindergarten/day care and child nutrition services

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Safe shelter

Education and training with social service and health care providers

- **Empowerment**

Income generation, training, other activities in women's centers

- **Advocacy**
- **Other:**

Had separate income generation and psychosocial projects; these are being integrated into the GBV project

Results of work performed:

- Good feedback and support from government, especially for the work in prisons; this is a significant result, given the political climate in the country
- Women's center and kindergarten attendance growing

Contacts: Cendrine Labaume, country director cendine@care.ca

Country: Jordan

Overall program focus: Community services and referrals (GBV focus) for urban refugees

Project Name: Community Development Project for Urban Refugees in Jordan	**Project Number** JOR 056
Start date of project: 2003	**Expected end date: (unknown)**
Primary locations of work: Eastern Amman	**Primary target population:** urban refugees

Donor and any relevant information about funding: **UNHCR** – reapply and renew funding annually

Brief description of work performed: (approaches, intervention strategies)

- **Influencing change in community norms**

Training refugees in community awareness raising skills; fostering refugee groups to engage in awareness raising and prevention activities.

All community based activities designed in close collaboration with refugee committees

- **Building supportive community services**

Providing 2 community centers for refugees in Eastern Amman

- **Service delivery (health care, psychosocial, legal aid, security/police)**

Intake/assessment of GBV cases, emotional support and referrals for counseling, medical care, legal aid.

Small emergency financial assistance if survivor needs to move from her house

- **Empowerment**
- **Advocacy**
- **Other:**

Results of work performed:

- Increase in number of GBV cases seen indicates some evidence that survivors trust the services provided.
- Active engagement of refugees in prevention and awareness raising

Contacts: Reema Masoud reema@care.org.jo

Country: Balkans	
Overall program focus: Prevention with girls/young women, focus on dating violence and sexual harassment	
Project Name: Combating Gender Based Violence in the Western Balkans	**Project Number** BA 254
Start date of project: March 2006	**Expected end date:** Feb 2009
Primary locations of work: Western Balkans: Serbia, Croatia, Bosnia	**Primary target population:** girls and young women
Donor and any relevant information about funding: FOKUS (Norway). Currently in 2nd year of 3 year project.	
Brief description of work performed: (approaches, intervention strategies) • **Influencing change in community norms** Raising awareness among staff/faculty in schools and universities • **Building supportive community services** Peer counselors • **Service delivery (health care, psychosocial, legal aid, security/police)** • **Empowerment** Training peer educators • **Advocacy** Related to school and university policies and practices. Currently assessing gaps; probably will do more advocacy work. Local partners already have key relationships and history of advocacy • **Other:**	
Results of work performed: • [information not obtained]	
Contacts: John Crownover, Civil Society / Social Development Program Advisor crownover@carebhc.org	

Country: Balkans	
Overall program focus: Working with boys and young men on issues of masculinity, with overall aim of reducing the abuse of power and use of violence	
Project Name: Western Balkan Gender-Based Violence Prevention Initiative	**Project Number** BA 265
Start date of project: 2006	**Expected end date:** 2009
Primary locations of work: Serbia, Croatia, Bosnia, Montenegro	**Primary target population:** boys and young men in target communities
Donor and any relevant information about funding: Norwegian Ministry of Foreign Affairs. Tentative agreement for 3 years funding; must apply each year.	
Brief description of work performed: (approaches, intervention strategies) • **Influencing change in community norms** Young men's groups Will develop network of boys/young men to be advocates with peers • **Building supportive community services** • **Service delivery (health care, psychosocial, legal aid, security/police)** • **Empowerment** • **Advocacy** Advocacy is in the plan, to engage with government, especially schools • **Other:** Will do baseline study	
Results of work performed: • Focus of this first year is to educate partners about issues of masculinity and gender. • Conducted PLAs with target group; very enthusiastic response	
Contacts: John Crownover, Civil Society / Social Development Program Advisor crownover@carebhc.org	

There are an additional 5 GBV projects in the Balkans. Details about these projects were not collected during this mapping project. All are specifically related to trafficking:

Name of Project	Donor	Fund Code	Geographic Scope
Anti-Trafficking Community Mobilization Project III	Norwegian MFA	BA 245	Croatia
Anti-Trafficking Community Mobilization Project II	Norwegian MFA	BA 262	Montenegro
Anti-Trafficking Community Mobilization Project II	Norwegian MFA	BA 258	Serbia
Strengthening Anti Trafficking Network in the Western Balkans	Austrian Development Agency	BA 269	Bosnia and Herzegovina, Croatia, Montenegro and Serbia
Combating Human Trafficking Initiative	OAK Foundation	BA 257	Bosnia and Herzegovina, Croatia, Montenegro and Serbia

Annex 4. Indicators

The following is a representative sample of indicators regularly used in the projects included in this report. For a discussion of project results and use of indicators, see page 10.

Indicators that might suggest attitude or behavior change (impact)

- # (or percentage) of vulnerable groups (e.g., widows, single mothers, ethnic minority) represented in decision making bodies
- # of women vying for community leadership positions
- # of men involved in community GBV initiatives
- # of GBV survivors who self-report incidents and seek care (increase reporting of GBV incidents)
- # (or percentage) of reported GBV survivors receiving health/legal/psychosocial services
- # of women returning for follow up
- Decrease in early marriage
- # of community-initiated activities to prevent GBV and to increase awareness
- The extent to which local partners are integrating GBV issues into other projects within their organizations; e.g., # of other projects with interventions/plans that integrate GBV issues
- # of cases investigated/followed up by police (increased)

Indicators of program activities and outputs

Awareness raising

- # of round table discussions conducted
- # of individuals with increased understanding of the negative impact of GBV
- # of men who self identify and are engaged in a self-help group
- # GBV cases seen at village forum
- # GBV cases managed at sub-district level

Capacity building, training, establishing supportive community structures

- # of trainings conducted covering topics such as Human Rights, health and nutrition, access to medical and legal services, proactive parenting skills, communication skills and problem solving techniques
- # of women with increased understanding and awareness of GBV and social issues
- # of staff members trained per health center in each target community
- **E**ducation and awareness seminars for Social workers, Educators, Health professionals and Religious leaders.
- # of training sessions delivered to [target audience]
- # of participants trained on GBV awareness, identification and response
- # of community prevention plans accepted by government

Service delivery

- Women's community center established and operational 5 days a week
- # of women that access the center over life of project
- Kindergarten established to provide opportunity for mothers to attend courses and employment
- # of mothers that access the kindergarten

- # of infants with improved nutrition and health status
- Safe shelter established for women who need short term safe accommodation
- # of nights safe shelter is occupied
- % of victims identified in target communities who are then referred to service providers by community leader networks
- % of potential victims [target group of vulnerable women] demonstrating increased knowledge of risk factors related to sexual violence
- % of reduction in number of cases of victims being rejected by husbands or families due to socio-cultural prejudices
- % increase in identified cases of sexual violence where the perpetrator is referred to an appropriate formal protection authority (police, communal administrator, judicial system)
- % of target communities with community-based structures active in sexual violence prevention
- Increase in # of victims receiving treatment, per institution/provider
- # of service providers offering health care according to "national protocol" standards
- % of victims surveyed who express satisfaction with services received
- % of the target communities with access to improved health services related to HIV/AIDS, FGM and early marriage.

Empowerment and Income Generation

- # of women receive employment preparation and development training sessions
- # of small income generation grants distributed
- # of women implementing small projects to generate income and self employment
- # of women removed from food distribution lists [due to income generation and no longer needing food delivery]
- # of vulnerable women organized in [number] solidarity groups, and engaged in community-based savings and credit schemes
- # of girls in school
- # girls graduating from [high school or other higher level] grades

Advocacy

(no indicators were found)

Annex 5. Interview Guide

Country	**Date of interview**
Name of interviewee	**Telephone**
Title	**Location(s) of GBV work**
Type of setting *stable development context or humanitarian aid context (emergency, disaster, armed conflict) – or something in between?*	**Target population for GBV interventions**
Project Name	**Project Number**
Project start date	**Project end date**

1) Strategies

- What strategies do you use to implement your project(s) or initiatives? *For example, any strategies to prevent GBV? [For prevention, examples could include working to raise community awareness, or address accountability for perpetrators, or work on other linked or underlying causes including systems and policies relating to vulnerability (legal codes, economic vulnerability, etc.)]*

- Do you have programs that address or try to influence **government policies** for GBV?

- Do you have activities to address **needs of survivors** of GBV, whether legal, psychosocial, medical, livelihoods, stigma reduction, etc.?

- Are the project activities in a **stand-alone project or integrated** into another set of programmatic approaches such as health, livelihood, title 2, savings and loans, etc.?

2) Local Partners

- Please tell me about your local partners in your GBV programming.
- Do you coordinate with any agency at the national or international levels?

3) Indicators

Can you give some examples of indicators are you using to measure effectiveness of your work?

4) Resource Materials

Are there any resource materials (tools, guides, training manuals, books, other resources) that you use/have used in your GBV work that you have found to be especially useful? If so, which ones? If not, have you developed your own materials? Please describe.

5) Barriers and Enablers

In your experience, what are the primary barriers or enablers to implementing the GBV work most effectively? *In other words, what do you need to implement your programs better or what is helping you the most?*

6) Consultants

Do you have consultants that you use on a regular basis for technical guidance? And, are you willing to share the names of these with other country offices?

7) Staff as Victims or Perpetrators

Do you have any policy/activity that pertains to GBV and that involves CARE staff as victims or as perpetrators? If yes, could you share the policy or a description of key activities?

8) Other

Is there anything else you would like to share with the GBV working group and CARE?